

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH40881
State File No. 5504

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Johnson			
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (In this place) 6 hrs.		c. CITY (If outside corporate limits, write RURAL and give township) Overland Park		8	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Luke's Hosp.				d. STREET ADDRESS (If rural, give location) 7201 W. 80th			
3. NAME OF DECEASED (Type or Print) Dale		a. (First) William		b. (Middle) Metsker		4. DATE OF DEATH (Month) (Day) (Year) Dec 28 1950	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married		8. DATE OF BIRTH Dec 19 1897	
9. AGE (In years last birthday) 59		10. AGE (In years last birthday) 59		11. BIRTHPLACE (State or foreign country) Trenton Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME W. Frank Metsker		13b. MOTHER'S MAIDEN NAME Jessie M. Betz		14. NAME OF HUSBAND OR WIFE Margaret Metsker			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 514-09-4876		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fred Metsker - Overland Park, Kans			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Coronary Sclerosis DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 hours. 4 mos. 4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12-28, 1950, to 12-28, 1950, that I last saw the deceased alive on 12-28, 1950, and that death occurred at 7:15 P. M., from the causes and on the date stated above.							
23a. SIGNATURE P. L. Byers		(Degree or title) M.D. 0		23b. ADDRESS 315 Nichols Rd., N.C. Mo.		23c. DATE SIGNED 12-29-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-30-1950		24c. NAME OF CEMETERY OR CREMATORY Antioch		24d. LOCATION (City, town, or county) (State) Overland Park, Kansas	
DATE REC'D BY LOCAL REG. 12-29-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wilbur N. Hogan, Overland Park, Kans			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

03.2 1-1-1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

J. Royce Hoge

Signed
Student Embalmer

Licensed Embalmer No. *3529*

P. O. Address *Cleveland Park Kansas*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.